## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

32428. W. 0009

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
Γ <sub>Τ(</sub>	OTAL CLAIMS	•	(Column		Con	umn 2)	ľ	TYPE [	<u> </u>	OR <b>7</b> 1	SMALL	,
			117		<u> </u>			RATE	FEE	]	RATE	FEE
FC	)R	<u> </u>	NUMBER	NUMBER FILED .		NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	OTAL CHARGEA	ABLE CLAIMS	117 min	117 minus 20=		* 97		X\$ 9=	873	OR	X\$18=	
INDEPENDENT CLAIMS			1 - 7	ഗ് minus 3 =		2		X43=	86	OR	X86≃	172
ML	ILTIPLE DEPEN	NDENT CLAIM PR	RESENT	RESENT				+145=		OR	+290=	
* if	the difference	e in column 1 is l	less than ze	ero, enter	"0" in c	column 2	L	TOTAL	547.	OR	TOTAL	
	С	LAIMS AS A	MENDEC	) - PAR	TII						OTHER	THAN
		(Column 1)		(Colun		(Column 3)	_	SMALL	ENTITY	OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	: AINA	=		X43=		OR	X86=	
<u> </u>	FIRST PHESE	ENTATION OF MU	JLTIPLE DEP	,ENDEN I	CLAIM			+145=	-	1 1	+290=	
							L	TOTAL		OR	TOTAL	
							A	DDIT. FEE		OR ,	ADDIT. FEE	
_		(Column 1)	Т	(Colun		(Column 3)	_	<del></del> ,			- 21	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***				X43=		OR	X86=	
لنا	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENI	CLAIM		T	·+145=			+290=	
				•			L	+145=	$\longrightarrow$	OR	+290≡ TOTAL	
								DDIT. FEE		OR ,	ADDIT. FEE	
	-	(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Colum		(Column 3)	_			_		
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	<del>                                     </del>	Minus	**		=		X\$ 9=		OR	X\$18=	
AME.	Independent	11	Minus	***		=	-	X43=		.	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		-			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												